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UTILITY PATENT APPLICATION TRANSMITTAL

ARDUAR. I.RATASING KAM First Inventor PROPESSIONAL COMABORAM MITCHELLE Title

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

Attorney Docket No.

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See MPEP cl	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450							
Submit Applica See 37 Specific (preferre - Descri - Cross - Staten - Refere or a co - Backg - Brief S - Brief D - Detailie - Claim(and arrangement set forth below) prive title of the invention Reference to Related Applications and Regarding Fed sponsored R & D ance to sequence listing, a table, amputer program listing appendix round of the Invention alternity of the Invention bescription of the Drawings (if filed) and Description	Sign (if application) (if app	D-ROM or CD-R in duplicomputer Program (Appetentide and/or Amino Acidicable, all necessary) Computer Readable Specification Seque i. CD-ROM or C ii. Paper Statements verifying	ndix) Sequence Subiner (CRF) nce Listing on: D-R (2 copies); g identity of about	or ove copies				
4. Drawing(s) (35 U.S.C. 113) [Total Sheets THYSTY FIVE			Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement (when there is an assignee) Attorney						
Oath or Declaration [Total Sheets _ 2 _] Newly executed (original or copy)			English Translation Doc Information Disclosure	ument <i>(if applic</i> C					
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			Preliminary Amendment Return Receipt Postcard (MPEP 503)						
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			(Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
6. Appli	cation Data Sheet. See 37 CFR 1.76	or its equivalent. Other:							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:									
Continuation Divisional Continuation-in-part (CIP) of prior application No.: 60/450,682									
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRESPONDENCE ADDRESS									
Custom	er Number:		OR Correspondence address below						
Name A.1. RAJASINGWAM.									
Address	6024 BRADLEY G	CUD							
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Country	USB	elephone		Fax					
Name (Print/Type) A.J. B. ASYS W.S. M. Registration No. (Attorney/Agent)									
Signature	26 A U of	•		Date 03	/el/03				

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUME		NUMBE			ER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								28E 2	OR		s
TOTAL CLAIMS			minus 20 = *				x \$ =	9	OR	x s =	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		vs -				1		0			
(37 CFR 1.16(b))			minus 3 = •				× \$=		OR	X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=	0	OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	382	OR	TOTAL	
CLAIMS AS AMENDED – PART II											
(Column 1) (Column 2) (Column 3)				SMALL E	ENTITY	OR		R THAN ENTITY			
NT A		CLAIMS REMAINING · AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ā	Total (37 CFR 1.16(c))	*	Minus	**	=	H	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=				OR	x \$ =	
AMENDMENT									1		
\vdash	FIRST PRESENT	TATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	K 1.16(0))		+ \$= TOTAL		OR	+ \$= TOTAL	,
							ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=		x s _ =		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$=	
AM.		TATION OF MULTIPLE	DEDEND	ENT CLAIM (27 CE	D 1 16(d))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ s =	 	OR	+ s = TOTAL	
							ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			· ·	1		T
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	**	=]	x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
AM		TATION OF MILL TIPE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))				OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =	 	1	TOTAL	
	t If the entering	olumn 1 is less tha	n the entr	v in column 2 writ	te "0" in column	3.	ADD'L FEE		OR	ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "20". If the "Highest Number Deviated North Paid For" IN THIS SPACE is less than 3. enter "2".											

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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